

State/Territory: New Jersey

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 Provided X Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

 X Provided: X State Approved (Not Physician) Service Plan Allowed

 X Services Outside the Home Also Allowed

 X Limitations Described on Attachment

 Not provided.

TN No. 94-29
Supersedes 94-24
Approval Date **FEB 24 1995** Effective Date OCT 1 - 1994

State/Territory: New Jersey

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind and Disabled

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 Provided X Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

 X Provided: X State Approved (Not Physician) Service Plan Allowed

 X Services Outside the Home Also Allowed

 X Limitations Described on Attachment

 Not provided.

TN No. 94-29
Supersedes 94-24 Approval Date FEB 24 1995 Effective Date OCT 1 - 1994
TN No. 94-24

ATTACHMENT 3.1-B
Page 10a

State: New Jersey

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

 provided X not provided

98-14-MA (NJ)

TIN 98-14 Approved Date DEC 1 1998

JUL 1 1998

OFFICIAL

ATTACHMENT 3.1-B
Page 10b

State: New Jersey

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

 provided X not provided

98-14-MA (NJ)

TN 98-14 Approval Date DEC 24 1998 **OFFICIAL**

State: New Jersey

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind, or Disabled

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

 provided X not provided

98-14-MA(NJ)

TN

98-14

Approval Date DEC 2 4 1998

Supersedes TN

New

Effective Date

JUL 1 1999

OFFICIAL